

S. No. 300
 v. 10748
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 15 JAN 8 - 1953
 XC 1841508
 REG #107039
 BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 State File No. 44167 Registrar's No. 3305

1. PLACE OF DEATH
 a. COUNTY ST. LOUIS
 b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN JEFFERSON BARRACKS
 c. LENGTH OF STAY (In this place) 21 DAYS
 d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE ILLINOIS b. COUNTY CHRISTIAN
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TAYLORVILLE
 d. STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED
 a. (First) CLINTON b. (Middle) H. c. (Last) RATLIFF
 (Type or Print)
4. DATE OF DEATH (Month) (Day) (Year) 12-26-52

5. SEX MALE **6. COLOR OR RACE** WHITE **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) MARRIED
8. DATE OF BIRTH 6-20-1891 **9. AGE** (In years last birthday) 61 **IF UNDER 1 YEAR** (Month) (Day) (Hour) (Min.) _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER (RETIRED)
10b. KIND OF BUSINESS OR INDUSTRY COAL MINES
11. BIRTHPLACE (City and State or Foreign Country) DANVILLE, ILLINOIS
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME WILLIAM D. RATLIFF **13b. MOTHER'S MAIDEN NAME** EMMA WILLIAMSON **14. NAME OF HUSBAND OR WIFE** DRUSELLA RATLIFF

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Unknown **17. INFORMANT'S SIGNATURE OR NAME** VA HOSPITAL RECORDS, JEFF. BRKS., MO. **ADDRESS** _____

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION WITH MYOCARDIAL INFARCTION
ANTECEDENT CAUSES HYPERTENSIVE CARDIOVASCULAR DISEASE
 DUE TO (b) _____
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. 4201

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from 12-5-52, 1952, to 12-26-52, 1952, and that death occurred at 6:35A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. H. Fadden Jr. **23b. ADDRESS** VAH, JEFFERSON BARRACKS, MO. **23c. DATE SIGNED** 12-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal **24b. DATE** 12-26-52 **24c. NAME OF CEMETERY OR CREMATORY** _____ **24d. LOCATION** (City, town, or county) (State) Taylorville, Ill.

DATE REC'D BY LOCAL REG. 12-26-52 **REGISTRAR'S SIGNATURE** H. R. D. ... **25. FUNERAL DIRECTOR'S SIGNATURE** Albert H. Hoppe **ADDRESS** 4700 Washington Blvd

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John J. Haines
Licensed Embalmer No. 4108
P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.